

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047614

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 127

Primary Registration District No. 5702

Registrar's No. 253

STATE FILE NUMBER

FILED JAN 2 1963

1. PLACE OF DEATH

a. COUNTY

Livingston

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Mooresville

Length of stay in 1b

12 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Family Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Livingston

c. CITY

OR TOWN

Mooresville

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

No street address

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Ray

Thomas

Dawkins

4. DATE OF DEATH

Month

Day

Year

Dec. 21, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10/19/04

9. AGE (last birthday)

58

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Own farm

11. BIRTHPLACE (City and state or country)

Sampsel, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles Dawkins

13b. MOTHER'S MAIDEN NAME

Susie Dayton

14. NAME OF HUSBAND OR WIFE

Jessie Dawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

NO

17. INFORMANT

Address

Mrs. Jesse Dawkins, Mooresville, Mo

18. CAUSE OF DEATH (Enter only one cause per line for each of the following)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

DUE TO (b)

Myocardial infarction

DUE TO (c)

Coronary atherosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Over-exertion shoveling snow

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to 12-21-62

and last saw him alive on 1-11-60

Death occurred at

6:50 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Shirley Wright

22b. ADDRESS

Brackensville, Mo

22c. DATE SIGNED

12-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Dec. 23, 1962

23c. NAME OF CEMETERY OR CREMATORY

Utica cemetery

23d. LOCATION (City, town, or county)

Utica, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Donald Gordon, Chillicothe, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 24, 1962

26. REGISTRAR'S SIGNATURE

Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0590

2 0590

3

4 0

5 1

6

7 0

8 2

9 420.1

10

11

12 90-2

13 1-0

JAN 2 1963

Date left with Mr. Dec. 22, 1962
Date returned Dec. 24, 1962
Date recd by registrars Dec 24, 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Richard W. Bandall

Licensed Embalmer No.

4866

P. O. Address

Chillicothe, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.